### CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

## STATEMENT OF ECONOMIC INTERESTS FAIR POLITICAL FOR COVER PAGE

CITY OF SALINAS

Date Received

Official Use Only

JAN 0 3 2011

Please type or print in ink.

2011 JAN - & PABLIC Bocument NAME (LAST) (FIRST) (MIDDLE) Craig Kimbley Jean

1 Office Agency or Court		
1. Office, Agency, or Court		
Name of Office, Agency, or Court:		
City of Salinas		
Division, Board, District, if applicable:		
City Council		
Your Position:		
Councilmember		
▶ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)		
Agency: Transportation Agency of Monterey County		
Position: Boardmember		
2. Jurisdiction of Office (Check at least one box)		
☐ County of Monterey		
☐ City of		
_ '		
Multi-County		
Other		
3. Type of Statement (Check at least one box)		
✓ Assuming Office/Initial Date: 12 , 14 , 10		
Annual: The period covered is January 1, 2009, through December 31, 2009.		
-or-		
O The period covered is/, through December 31, 2009.		
Leaving Office Date Left:/(Check one)		
O The period covered is January 1, 2009, through the date of leaving office.		
-or-		
O The period covered is/, through the date of leaving office.		
Candidate Election Year:		

4. Schedule Summary		
► Total number of pages including this cover page:		
► Check applicable schedules or "No reportable interests."		
I have disclosed interests on one or more of the attached schedules:		
Schedule A-1  Yes – schedule attached Investments (Less than 10% Ownership)		
Schedule A-2  Yes – schedule attached  Investments (10% or Greater Ownership)		
Schedule B Yes – schedule attached  Real Property		
Schedule C   Yes – schedule attached  Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)		
Schedule D		
Schedule E  Yes – schedule attached  Income – Gifts – Travel Payments		
-or-		
No reportable interests on any schedule		

### 5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

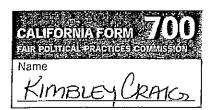
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

**Date Signed** Signature

FPPC Toll-Free Helpline: 866/ASK-FPPC www.fppc.ca.gov

### PECEIVED FAIR POLITICAL SCHEDULE A-2 PACTICES COHMISSION Investments, Income, and Assets Investments Entities/Trusts 2011 JAN - 5 AM II: 30 Business Entities/Trusts

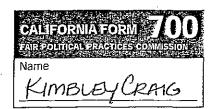
(Ownership Interest is 10% or Greater)



▶ J. BUSINESS ENTITY OR TRUST	▶ a. BUSINESS ENTITY OR TRUST
K.CRAIG MEMA	
P.D. BOX 1191 MONTERRY, CA 939	Name
Address (Business Address Acceptable)  Check one	Address (Business Address Acceptable)   Check one
Trust, go to 2 Business Entity, complete the box, then go to 2	Trust, go to 2 Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF BUSINESS ACTIVITY  MEDIA BUYER	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000	\$2,000 - \$10,000 \$10,001 - \$100,000 \$10,001 - \$100,000 \$10,001 - \$100,000
\$10,001 - \$100,000/	
Over \$1,000,000 .	Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Sole Proprietorship Partnership	Sole Proprietorship Partnership
VOLID BUSINESS POSITION OWNER	Other
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
► 2. IDENTIFY THE GROSS INCOME RECEIVED INCLUDE YOUR PRO RATA	► 2. IDENTIFY THE GROSS INCOME RECEIVED ANCLUDE YOUR PRO RATA
► 2 IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITYTRUST)	► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>10</u> THE ENTITY/TRUST).
S10,001 - \$100,000	S0 - 5499 S10,001 - 5100,000
☐ \$500 - \$1,000 ☐ OVER \$100,000	S500 - \$1,000
∐ \$1,001 - \$10,000	
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF SNCOME OF \$10,000 OR MORE (attach a separate sheet if mecassary)	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attacks a separate street of recessory)
CHOMP	
·	
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST
Check ŏпe box:	Check one box:
☐ INVESTMENT ☐ REAL PROPERTY	☐ INVESTMENT ☐ REAL PROPERTY
Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property	Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property
Description of Business Activity or City or Other Precise Location of Real Property	Description of Business Activity or City or Other Precise Location of Real Property
City of ones i recise cocount of Real Property	City of Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000   \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
S100,001 - \$1,000,000 ACQUIRED DISPOSED	\$100,001 - \$1,000,000 ACQUIRED DISPOSED
Over \$1,000,000	Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Property Ownership/Deed of Trust Stock Partnership	Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	
Yrs. remaining  Check box if additional schedules reporting investments or real property	Yrs. remaining  Check box if additional schedules reporting investments or real property
are attached	are attached
Comments:	FDDG E 700 (2000/2010) S-k A 2

# RECEIVED SCHEDULE C

2011 JAN - 5 AM II: 30 Positions (Other than Gifts and Travel Payments)

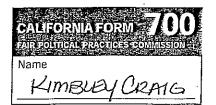


► 1 INCOME RECEIVED	→ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
K. CRMGMEDIA	HOUSING HUTHDRITY-COUNTY OF MON
ADDRESS (Business Address Acceptable) P. O. BOX 1191 MONTERBY, CA	ADDRESS (Business Address Acceptable) 123 RICO ST. SAUNAS, CA 93907
BUSINESS ACTIVITY, IF ANY, OF SOURCE 92014	BUSINESS ACTIVITY, IF ANY, OF SOURCE
MEDIA BULLER	TEMPORARY INSTRUCTION
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
OWNER	INSTRUCTOR
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000	☐ \$500 - \$1,000 ★ \$1,001 - \$10,000
\$10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Spouse's or registered domestic partner's income	Salary Spouse's or registered domestic partner's income
Loan repayment	Loan repayment
Sale of (Property, car, boat, etc.)	Sale of (Property, car, boat, etc.)
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, tist each source of \$10,000 or more
	0 : 25
NOT PROFITS	Kother STIPEND
(Describe)	(Describe)
≥ 2 LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIO	
* You are not required to report loans from commercial le	
of a retail installment or credit card transaction, made i	
available to members of the public without regard to yo	our official status. Personal loans and loans received
not in a lender's regular course of business must be di	sclosed as follows:
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
	%
ADDRESS (Business Address Acceptable)	•
	SECURITY FOR LOAN  None  Personal residence
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	•
\$500 - \$1,000	City
	Guarantor
\$10,001 - \$100,000	
OVER \$100,000	Other(Describe)
•	(Desaine)
Comments:	

## RECEIVED FAIR POLITICAL ACTICES COMMISSION

2011 JAN -5 AM 11: 30

### SCHEDULE D Income - Gifts



NAME OF SOURCE CHANNED:	NAME OF SOURCE
ADDRESS (Business Address Acceptable) 903 N. HANST. SAUNAS 9390	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
08,7,09,300 AIRSHOWTIX	
► NAME OF SOURCE	➤ NAME OF SOURCE
KSBW-HEARST ARGYLE	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
· TV	
DATE (mm/dd/yy) VALUE DESCRIPTION OF G!FT(S)	DATE (mm/dd/yy) VALUE . DESCRIPTION OF GIFT(S)
023,10: 75 ATST ticket	
s	
NAME OF SOURCE	
NAME OF SOURCE	NAME OF SOURCE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
\$	s
•	
· ·	
Comments:	